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1	\$5. Good cause shall be determined by the financial and employment planner in
2	accordance with rules promulgated by the department. Good cause shall include
3	required court appearances for a victim of domestic abuse.
4	SECTION 986. 49.148 (1) (c) of the statutes is amended to read:
5	49.148 (1) (c) Transitional placements. For a participant in a transitional
6	placement under s. 49.147 (5) or in a transitional placement and in technical college
7	education under s. 49.147 (5m), a monthly grant of \$608, paid monthly by the
8	Wisconsin Works agency. For every hour that the participant fails to participate in
9	any required activity without good cause, including any activity under s. 49.147 (5)
10	(b) 1. a. to d., the grant amount shall be reduced by \$5. Good cause shall be
11	determined by the financial and employment planner in accordance with rules
12	promulgated by the department. Good cause shall include required court
13	appearances for a victim of domestic abuse.
14	SECTION 987. 49.148 (1) (d) of the statutes is repealed.
15	SECTION 988. 49.155 (1g) (c) of the statutes is amended to read:
16	49.155 (1g) (c) Child care licensing activities, in the amount of at least
17	\$8,767,000 per fiscal year.
18	SECTION 989. 49.155 (1m) (a) 3r. of the statutes is created to read:
19	49.155 (1m) (a) 3r. Participate in the Transform Milwaukee Jobs program
20	under s. 49.163.
21	SECTION 990. 49.155 (3) (c) of the statutes is repealed.

SECTION 991. 49.155 (3m) (a) of the statutes is amended to read:

49.155 (3m) (a) The department shall issue benefits directly to individuals who

are eligible for subsidies under this section or pay or reimburse child care providers

or shall distribute funds to county departments under s. 46.215, 46.22 or 46.23,

county departments or agencies, or tribal governing bodies for child care services provided under this section and. The department may also contract with and provide grants to private nonprofit agencies that provide child care for children of migrant workers. The department may pay or reimburse a Wisconsin works Works agency for child care that the Wisconsin works Works agency provides to the children of Wisconsin works Works participants and applicants or that the Wisconsin Works agency arranges to meet immediate, short—term child care needs of participants prior to authorization of a subsidy under sub. (1m).

Section 992. 49.155 (3m) (c) of the statutes is repealed.

SECTION 993. 49.155 (4) (c) of the statutes is created to read:

49.155 (4) (c) 1. Notwithstanding par. (a) and subject to subd. 2., an eligible individual may receive a child care subsidy under this section for child care that is provided by an out-of-state provider of child care. Notwithstanding sub. (6), payments for child care services provided by an out-of-state provider under this subdivision shall be based on the maximum rate applicable in the county in which the eligible individual resides or on the out-of-state provider's actual rate, whichever is lower.

2. As a condition of payment under this section for child care services provided to a child of an individual who is eligible for a subsidy under this section, an out—of—state provider is subject to, and shall comply with, the provisions of this section, and rules promulgated under this section, that apply to a child care provider, as determined by the department.

SECTION 994. 49.155 (5) of the statutes is renumbered 49.155 (5) (a) and amended to read:

49.155 (5) (a) An individual <u>receiving a subsidy under this section</u> is liable for
the $\frac{1}{2}$ percentage of $\frac{1}{2}$ difference, if any, between the cost of the child care specified by the
department in a printed copayment schedule. An provided by the child care provider
or providers selected by the individual and the subsidy amount. The department
shall specify minimum or estimated copayment amounts based on family size,
income level, and other factors, a schedule of which will be available in electronic
form on the department's Internet site and in paper form.

(b) An individual who is under the age of 20 and is attending high school or participating in a course of study meeting the standards established under s. 115.29 (4) for the granting of a declaration of equivalency to high school graduation may not be determined liable for more than the minimum copayment amount for the type of child care received and the number of children receiving child care.

Section 995. 49.155 (6) (a) of the statutes is amended to read:

49.155 (6) (a) Subject to review and approval by the The department, each county shall establish the maximum reimbursement rate payment rates for licensed child care services provided under this section. A county The department shall set the rate rates so that at least 75% of the number of places for children within the licensed capacity of all child care providers in that county can be purchased at or below that maximum rate by eligible individuals under this section.

SECTION 996. 49.155 (6) (b) of the statutes is amended to read:

49.155 (6) (b) Subject to review and approval by the The department, each county shall set a maximum reimbursement rate payment rates for Level I certified family child care providers for services provided to eligible individuals under this section. The maximum rate rates set under this paragraph may not exceed 75% of the rate rates established under par. (a).

June 30, 2013.

following manner:

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1	SECTION 997. 49.155 (6) (c) of the statutes is amended to read:
2	49.155 (6) (c) Subject to review and approval by the The department, each
3	county shall set a maximum reimbursement rate payment rates for Level II certified
4	family child care providers for services provided to eligible individuals under this
5	section. The maximum rate rates set under this paragraph may not exceed 50% of
6	the rate rates established under par. (a).
7	SECTION 998. 49.155 (6) (cm) of the statutes is amended to read:
8	49.155 (6) (cm) The department shall modify child care provider
9	reimbursement payment rates established under pars. (a) to (c) so that
10	reimbursement payment rates are lower for providers of after-school child care.
11	SECTION 999. 49.155 (6) (d) of the statutes is amended to read:
12	49.155 (6) (d) The department may promulgate rules to establish a system of
13	rates or a program of grants that the department will pay to for child care providers
14	that meet the higher quality of care standards established by rules promulgated
15	under sub. (1d) (b). If a system of rates is established under this paragraph, the rates
16	under that system shall be higher than the rates established under pars. (a) to (c).
17	SECTION 1000. 49.155 (6) (e) 2. of the statutes is amended to read:
18	49.155 (6) (e) 2. Except as provided in subd. 3., the department may not
19	increase the maximum reimbursement payment rates for child care providers before

SECTION 1001. 49.155 (6) (e) 3. (intro.) of the statutes is amended to read:

modify a child care provider's reimbursement payment rate under subd. 2. on the

basis of the provider's quality rating, as described in the quality rating plan, in the

49.155 (6) (e) 3. (intro.) Beginning on July 1, 2012, the The department may

1	SECTION 1002. 49.155 (6) (e) 3. a. of the statutes is amended to read:
2	49.155 (6) (e) 3. a. For a child care provider who receives a 1-star rating, the
3	department shall deny reimbursement payment.
4	Section 1003. 49.155 (6) (e) 3. b. of the statutes is amended to read:
5	49.155 (6) (e) 3. b. For a child care provider who receives a 2-star rating, the
6	department may reduce the maximum reimbursement payment rate by up to 5
7	percent.
8	Section 1004. 49.155 (6) (e) 3. c. of the statutes is amended to read:
9	49.155 (6) (e) 3. c. For a child care provider who receives a 3-star rating, the
10	department may pay up to the maximum reimbursement payment rate.
11	SECTION 1005. 49.155 (6) (e) 3. d. of the statutes is amended to read:
12	49.155 (6) (e) 3. d. For a child care provider who receives a 4-star rating, the
13	department may increase the maximum reimbursement payment rate by up to 5
14	percent.
15	SECTION 1006. 49.155 (6) (e) 3. d. of the statutes, as affected by 2013 Wisconsin
16	Act (this act), is amended to read:
17	49.155 (6) (e) 3. d. For a child care provider who receives a 4-star rating, the
18	department may increase the maximum payment rate by up to -5-10 percent.
19	SECTION 1007. 49.155 (6) (e) 3. e. of the statutes is amended to read:
20	49.155 (6) (e) 3. e. For a child care provider who receives a 5-star rating, the
21	department may increase the maximum reimbursement rate by up to 10 percent,
22	except that beginning on January 1, 2013, the department may increase the
23	maximum reimbursement payment rate for such a child care provider by up to 25
24	percent.
25	Section 1008. 49.155 (6) (e) 5. of the statutes is amended to read:

SECTION 1008. 49.155 (6) (e) 5. of the statutes is amended to read:

49.155 (6) (e) 5. For purposes of modifying reimbursement payment rates
under subd. 3., the department shall assign a child care provider that is accredited
from the Council on Accreditation a 4-star rating or 5-star rating, whichever the
department determines is appropriate.
SECTION 1009. 49.155 (6d) (a) 2. of the statutes is amended to read:
49.155 (6d) (a) 2. Notwithstanding Subject to sub. (5) (b), increase the
copayment amount that an individual must pay toward the cost of child care received
under this section.
SECTION 1010. 49.155 (6d) (a) 3. of the statutes is amended to read:
49.155 (6d) (a) 3. Notwithstanding sub. (6), adjust the amount of
reimbursement paid payment to child care providers providing child care services
under this section.
SECTION 1011. 49.155 (6g) (am) (intro.) of the statutes is amended to read:
49.155 (6g) (am) (intro.) If reimbursement payment to a child care provider is
based on authorized hours of child care, the department shall do all of the following
with respect to establishing and adjusting the number of authorized hours per child
SECTION 1012. 49.155 (7) (title) of the statutes is amended to read:
49.155 (7) (title) Refusal to pay of payment to child care providers.
SECTION 1013. 49.155 (7) (a) 1. of the statutes is amended to read:

49.155 (7) (a) 1. If a child care provider is convicted of a serious crime, as defined in s. 48.685 (1) (c) 3m., or if a caregiver specified in s. 48.685 (1) (ag) 1. a. or a nonclient resident, as defined in s. 48.685 (1) (bm), of the child care provider is convicted or adjudicated delinquent for committing a serious crime on or after his or her 12th birthday, the department or the county department under s. 46.215, 46.22, or 46.23 shall refuse to pay allow payment to the child care provider for any child care

1	provided under this section beginning on the date of the conviction or delinquency
2	adjudication.
3	SECTION 1014. 49.155 (7) (b) (intro.) of the statutes is amended to read:
4	49.155 (7) (b) (intro.) The department or the county department under s.
5	46.215, 46.22, or 46.23 may refuse to pay allow payment to a child care provider for
6	child care provided under this section if any of the following applies to the child care
7	provider or to a caregiver specified in s. 48.685 (1) (ag) 1. a. or nonclient resident, as
8	defined in s. 48.685 (1) (bm), of the child care provider:
9	Section 1015. 49.159 (1) of the statutes is renumbered 49.159 (1) (a) (intro.)
10	and amended to read:
11	49.159 (1) (a) (intro.) An individual who would be eligible under s. 49.145
12	except that the individual is the noncustodial parent of a dependent child, is eligible
13	for services and benefits under this subsection if the dependent child's custodial
14	parent is a participant and par. (b) if the individual is subject to a child support order.
15	The Wisconsin works agency may provide job search assistance and case
16	management designed to enable eligible noncustodial parents to obtain and retain
17	employment. and any of the following applies to the custodial parent of the
18	dependent child:
19	Section 1016. 49.159 (1) (a) 1. of the statutes is created to read:
20	49.159 (1) (a) 1. The custodial parent is receiving case management services
21	under s. 49.147 (2) (am).
22	SECTION 1017. 49.159 (1) (a) 2. of the statutes is created to read:
23	49.159 (1) (a) 2. The custodial parent is participating in a Wisconsin Works
24	employment position.
25	SECTION 1018. 49.159 (1) (a) 3. of the statutes is created to read:

1	49.159 (1) (a) 3. The custodial parent is receiving a grant under s. 49.148 (1m).
2	Section 1019. 49.159 (1) (a) 4. of the statutes is created to read:
3	49.159 (1) (a) 4. The custodial parent is receiving a subsidy for child care for
4	the dependent child under s. 49.155.
5	SECTION 1020. 49.159 (1) (b) of the statutes is created to read:
6	49.159 (1) (b) A Wisconsin Works agency may provide to an individual who is
7	eligible under par. (a) any of the following services or benefits:
8	1. Job search assistance and case management designed to enable the
9	individual to obtain and retain employment.
10	2. Placement in one job under s. 49.147 (3).
11	3. A stipend in an amount determined by the Wisconsin Works agency for not
12	more than 4 months. A stipend under this subdivision terminates if the individual
13	is placed in a job under s. 49.147 (3) or obtains unsubsidized employment, as defined
14	in s. 49.147 (1).
15	SECTION 1021. 49.161 (1) (title) of the statutes is amended to read:
16	49.161 (1) (title) Trial <u>employment match program</u> jobs overpayments.
17	SECTION 1022. 49.163 of the statutes is created to read:
18	49.163 Transform Milwaukee Jobs program. (1) Definitions. In this
19	section:
20	(a) "Wisconsin Works" has the meaning given in s. 49.141 (1) (p).
21	(b) "Wisconsin Works employment position" has the meaning given in s. 49.141
22	(1) (r).
23	(2) ELIGIBILITY FOR PROGRAM. (a) The department shall establish a Transform
24	Milwaukee Jobs program in Milwaukee County. To be eligible to participate in the
25	program, an individual must satisfy all of the following criteria:

1		Be	at.	least.	18	years	of	age
	٠	DC	uv	ICabo	10	ycarb	OT	age.

- 2. If over 24 years of age, be a biological or adoptive parent of a child under 18 years of age whose parental rights to the child have not been terminated or be a relative and primary caregiver of a child under 18 years of age.
- 5 3. Have an annual household income that is below 150 percent of the poverty line.
 - 4. Be unemployed for at least 4 weeks.
 - 5. Be ineligible to receive unemployment insurance benefits.
 - 6. Not be participating in a Wisconsin Works employment position.
 - (b) For purposes of par. (a) 3., the household income of an individual transitioning from foster care to independent living shall be based on the individual's own income over a period determined by the department and shall not include the household income of the individual's foster parents.
 - (c) The department may establish additional eligibility criteria consistent with its mission and the funding available.
 - (3) PROGRAM DESCRIPTION. (a) The program under this section shall include all of the following features and requirements:
 - 1. An individual may participate in the program for a maximum of 1,040 hours actually worked.
 - 2. The department shall determine and specify in a contract whether a contractor under sub. (4) or an employer is the individual's employer of record. The employer of record shall pay the individual for hours actually worked at not less than the federal or state minimum wage that applies to the individual.
 - 3. The department may reimburse an employer, or a contractor under sub. (4), that employs an individual participating in the program for a minimum of 20 hours

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SECTION 1022

1	per week at a location in this state for any of the following costs that are attributable
2	to the employment of the individual under the program:
3	a. A wage subsidy equal to the amount of wages that the employer or contractor

- pays to the individual for hours actually worked, not to exceed 40 hours per week at the federal or state minimum wage that applies to the individual.
 - b. Federal social security and Medicare taxes.
 - c. State and federal unemployment contributions or taxes, if any.
 - d. Worker's compensation insurance premiums, if any.
- 4. An employer, or, subject to the approval of the department, a contractor under sub. (4), that employs an individual participating in the program may pay the individual an amount that exceeds any wage subsidy paid to the employer or contractor by the department under subd. 3. a.
- 5. The employment of an individual under this section may not do any of the following:
- a. Have the effect of filling a vacancy created by an employer terminating a regular employee or otherwise reducing its work force for the purpose of hiring an individual under this section.
- b. Fill a position when any other person is on layoff or strike from the same or a substantially equivalent job within the same organizational unit.
- c. Fill a position when any other person is engaged in a labor dispute regarding the same or a substantially equivalent job within the same organizational unit.
- (b) The department may set priorities for the program consistent with its mission and available funding.
- (4) CONTRACT FOR ADMINISTRATION. The department may contract with any person to administer the program under this section, including a Wisconsin Works

- agency; county department under s. 46.215, 46.22, or 46.23; local workforce development board established under 29 USC 2832; or community action agency under s. 49.265. The department, or the agency or agencies with which the department contracts under this subsection, shall do all of the following:
 - (a) Determine the eligibility of applicants for the program.
- (b) Provide, or identify employers to provide, jobs for individuals transitioning to unsubsidized employment from unemployment, underemployment, limited work history, foster care, or other circumstances identified by the department.
 - (c) Conduct job orientation activities.
- (d) Provide employment services, as specified by the department, for program participants.
- (e) Maintain and update participant demographic, eligibility, and employment records in the manner required by the department.
- (5) Recovery of overpayments. (a) The department may recover from any individual participating, or who has participated, in the program under this section any overpayment resulting from a misrepresentation by the individual as to any criterion for eligibility under sub. (2) (a).
- (b) The department shall recover from a contractor under sub. (4) any overpayment resulting from the failure of the contractor to comply with the terms of the contract or to meet performance standards established by the department.
- (6) RULES NOT REQUIRED. Notwithstanding s. 227.10 (1), the department need not promulgate regulations, standards, or policies related to implementing or administering the program under this section as rules under ch. 227.
 - **SECTION 1023.** 49.165 (1) (d) (intro.) of the statutes is amended to read:

1	49.165 (1) (d) (intro.) "Organization" means a nonprofit corporation, or a public
2	agency or a federally recognized American Indian tribe or band that provides or
3	proposes to provide any of the following domestic abuse services:
4	SECTION 1024. 49.173 of the statutes is repealed.
5	SECTION 1025. 49.175 (1) (a) of the statutes is amended to read:
6	49.175 (1) (a) Wisconsin Works benefits. For Wisconsin Works benefits,
7	\$74,650,100 $$72,131,500$ in fiscal year $2011-12$ $2013-14$ and $$72,131,500$
8,	\$64,294,000 in fiscal year $2012-13$ $2014-15$.
9	SECTION 1026. 49.175 (1) (b) of the statutes is amended to read:
10	49.175 (1) (b) Wisconsin Works administration agency contracts; job access
11	loans. For administration of Wisconsin Works performed under contracts with
12	Wisconsin Works agencies under s. 49.143, \$10,107,200 and for job access loans
13	under s. 49.147 (6), \$57,586,500 in fiscal year 2011-12 2013-14 and \$10,107,200
14	\$58,336,500 in fiscal year $2012-13$ $2014-15$.
15	SECTION 1027. 49.175 (1) (f) of the statutes is repealed.
16	SECTION 1028. 49.175 (1) (g) of the statutes is amended to read:
17	49.175 (1) (g) State administration of public assistance programs and
18	overpayment collections. For state administration of public assistance programs and
19	the collection of public assistance overpayments, \$12,918,900 \$12,775,600 in fiscal
20	<u>year 2013–14 and \$12,891,200</u> in each fiscal year <u>2014–15</u> .
21	SECTION 1029. 49.175 (1) (i) of the statutes is amended to read:
22	49.175 (1) (i) Emergency assistance. For emergency assistance under s. 49.138
23	and for transfer to the department of administration for low-income energy or
24	weatherization assistance programs, \$6,200,000 in fiscal year 2011-12 and

\$6,000,000 \$7,500,000 in each fiscal year 2012–13.

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1	SECTION 1030. 49.175 (1) (k) of the statutes is created to read:
2	49.175 (1) (k) Transform Milwaukee Jobs program. For contract costs under
3	the Transform Milwaukee Jobs program under s. 49.163, \$3,750,000 in fiscal year
4	2013–14 and \$5,000,000 in fiscal year 2014–15.
5	SECTION 1031. 49.175 (1) (L) of the statutes is repealed.
6	SECTION 1032. 49.175 (1) (p) of the statutes is amended to read:
7	49.175 (1) (p) Direct child care services. For direct child care services under s.
8	$49.155, \$301,631,000 \ \$272,976,700$ in fiscal year $2011-12 \ \underline{2013-14}$ and $\$298,523,500$
9	\$273,156,500 in fiscal year $2012-13$ $2014-15$.
10	SECTION 1033. 49.175 (1) (q) of the statutes is amended to read:
11	49.175 (1) (q) Child care state administration and ehild care licensing
12	activities. For state administration of child care programs under s. 49.155 and the
13	allocation under s. 49.155 (1g) (c) for child care licensing activities, \$19,702,100
14	\$30,240,600 in fiscal year $2011-12$ $2013-14$ and $$19,783,800$ $$32,305,700$ in fiscal
15	year 2012–13 <u>2014–15</u> .
16	SECTION 1034. 49.175 (1) (qm) of the statutes is amended to read:
17	49.175 (1) (qm) Quality care for quality kids. For the child care quality
18	improvement activities specified in s. 49.155 (1g), \$13,486,700 in fiscal year 2011–12
19	and \$13,169,400 <u>\$13,095,800</u> in <u>each</u> fiscal year 2012–13 .
20	SECTION 1035. 49.175 (1) (r) of the statutes is amended to read:
21	49.175 (1) (r) Children of recipients of supplemental security income. For
22	payments made under s. 49.775 for the support of the dependent children of
23	recipients of supplemental security income, \$31,232,200 \$33,688,000 in each fiscal
24	year.
25	SECTION 1036. 49.175 (1) (s) of the statutes is amended to read:

49.175 (1) (s) Kinship care, and long-term kinship care, and foster care assistance. For kinship care and long-term kinship care payments under s. 48.57 (3m) (am) and (3n) (am), for assessments to determine eligibility for those payments, and for agreements under s. 48.57 (3t) with the governing bodies of Indian tribes for the administration of the kinship care and long-term kinship care programs under s. 48.57 (3m), (3n), and (3p) and for foster care for relatives under s. 48.62, \$21,375,800 within the boundaries of the reservations of those tribes, \$20,582,700 in each fiscal year.

****NOTE: This is reconciled s. 49.175 (1) (s). This Section has been affected by drafts with the following LRB numbers: LRB-0813/2 and LRB-0850/6.

SECTION 1037. 49.175 (1) (t) of the statutes is amended to read:

49.175 (1) (t) Safety and out-of-home placement services. For services provided in counties having a population of 500,000 or more to ensure the safety of children who the department or a county determines may remain at home if appropriate services are provided, and for ongoing services provided in those counties to families with children placed in out-of-home care, \$6,350,300 \$7,711,100 in each fiscal year.

Section 1038. 49.175(1)(v) of the statutes is repealed.

SECTION 1039. 49.175 (1) (z) of the statutes is amended to read:

49.175 (1) (z) Grants to the Boys and Girls Clubs of America. For grants to the Wisconsin Chapter of the Boys and Girls Clubs of America to fund programs that improve social, academic, and employment skills of youth who are eligible to receive temporary assistance for needy families under 42 USC 601 et seq., \$350,000 focusing on study habits, intensive tutoring in math and English, and exposure to career options and role models, \$1,500,000 in each fiscal year. Grants provided under this paragraph may not be used by the grant recipient to replace funding for programs

1	that are being funded, when the grant proceeds are received, with moneys other than
2	those from the appropriations specified in sub. (1) (intro.).

SECTION 1040. 49.175 (1) (zh) of the statutes is amended to read:

49.175 (1) (zh) Earned income tax credit supplement. For the transfer of moneys from the appropriation account under s. 20.437 (2) (md) to the appropriation account under s. 20.835 (2) (kf) for the earned income tax credit, \$43,664,200 \$70.664,200 in each fiscal year.

SECTION 1041. 49.26 (1) (g) (intro.) of the statutes is amended to read:

49.26 (1) (g) (intro.) An individual who is a dependent child in a Wisconsin Works group that includes a participant under s. 49.147 (3), (3m), (4), or (5) or who is a recipient of aid under s. 49.19 is subject to the school attendance requirement under par. (ge) if all of the following apply:

SECTION 1042. 49.26 (1) (h) 1s. b. of the statutes is amended to read:

49.26 (1) (h) 1s. b. An individual who is a dependent child in a Wisconsin Works group that includes a participant under s. 49.147 (3), (3m), (4), or (5) and who fails to meet the school attendance requirement under par. (ge) is subject to a monthly sanction.

SECTION 1043. 49.36 (2) of the statutes is amended to read:

49.36 (2) The department may contract with any county, tribal governing body, or Wisconsin Works agency to administer a work experience and job training program for parents who are not custodial parents and who fail to pay child support or to meet their children's needs for support as a result of unemployment or underemployment. The program may provide the kinds of work experience and job training services available from the program under s. 49.193, 1997 stats., or s. 49.147 (3), (3m), or (4). The program may also include job search and job orientation

3. (intro.) and amended to read:

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1 .	activities. The department shall fund the program from the appropriations under
2	s. 20.437 (2) (dz) and (k).
3	Section 1044. 49.45 (4m) (a) 3. of the statutes is renumbered 49.45 (4m) (a)

- 49.45 (4m) (a) 3. (intro.) "Financial institution" has the meaning given in 12

 USC 3401 (1). means any of the following:
- **Section 1045.** 49.45 (4m) (a) 3. a. to f. of the statutes are created to read:
- 8 49.45 (4m) (a) 3. a. A depository institution, as defined in 12 USC 1813 (c).
 - b. An institution-affiliated party, as defined in 12 USC 1813 (u), of a depository institution under subd. 3. a.
 - c. A federal credit union, as defined in 12 USC 1752, or state credit union, as defined in 12 USC 1752.
 - d. An institution-affiliated party, as defined in 12 USC 1786 (r), of a credit union under subd. 3. c.
 - e. A benefit association, insurance company, safe deposit company, money market mutual fund, or similar entity authorized to do business in this state.
 - f. A broker-dealer, as defined in s. 551.102 (4).
 - **Section 1046.** 49.45 (23) (a) of the statutes is amended to read:
 - 49.45 (23) (a) The department shall request a waiver from the secretary of the federal department of health and human services to permit the department to conduct a demonstration project to provide health care coverage for basic primary and preventive care to adults who are under the age of 65, who have family incomes not to exceed 200 100 percent of the poverty line before application of the 5 percent income disregard under 42 CFR 435.603 (d), and who are not otherwise eligible for medical assistance under this subchapter, the Badger Care health care program

under s. 49.665, or Medicare under 42 USC 1395 et seq. If the department creates a policy under sub. (2m) (c) 10., this paragraph does not apply to the extent that it conflicts with the policy.

SECTION 1047. 49.45 (23) (a) of the statutes, as affected by 2011 Wisconsin Act 32 and 2013 Wisconsin Act (this act), is repealed and recreated to read:

49.45 (23) (a) The department shall request a waiver from the secretary of the federal department of health and human services to permit the department to conduct a demonstration project to provide health care coverage for basic primary and preventive care to adults who are under the age of 65, who have family incomes not to exceed 100 percent of the poverty line before application of the 5 percent income disregard under 42 CFR 435.603 (d), and who are not otherwise eligible for medical assistance under this subchapter, the Badger Care health care program under s. 49.665, or Medicare under 42 USC 1395 et seq.

SECTION 1048. 49.45 (23) (b) of the statutes is amended to read:

49.45 (23) (b) If the waiver is granted and in effect, the department may promulgate rules defining the health care benefit plan, including more specific eligibility requirements and cost-sharing requirements. Unless otherwise provided by the department by a policy created under sub. (2m) (c), cost sharing may include an annual enrollment fee, which may not exceed \$75 per year. Notwithstanding s. 227.24 (3), the plan details under this subsection may be promulgated as an emergency rule under s. 227.24 without a finding of emergency. If the waiver is granted and in effect, the demonstration project under this subsection shall begin on January 1, 2009, or on the effective date of the waiver, whichever is later.

SECTION 1049. 49.45 (23) (b) of the statutes, as affected by 2011 Wisconsin Act 32 and 2013 Wisconsin Act (this act), is repealed and recreated to read:

49.45 (23) (b) If the waiver is granted and in effect, the department may promulgate rules defining the health care benefit plan, including more specific eligibility requirements and cost-sharing requirements. Cost sharing may include an annual enrollment fee, which may not exceed \$75 per year. Notwithstanding s. 227.24 (3), the plan details under this subsection may be promulgated as an emergency rule under s. 227.24 without a finding of emergency. If the waiver is granted and in effect, the demonstration project under this subsection shall begin on the effective date of the waiver.

SECTION 1050. 49.45 (23) (c) of the statutes is created to read:

49.45 (23) (c) In addition to cost—sharing requirements established under par. (b), a childless adult who is eligible to receive benefits under this section; who is not disabled, pregnant, or American Indian, as Indian is defined in 42 CFR part 447, subpart A; and whose family income exceeds 133 percent of the poverty line shall pay a premium for coverage under the program under this subsection in an amount determined by the department that is based on a formula in which costs decrease for those with lower family incomes and that is no less than 3 percent of family income but no greater than 9.5 percent of family income.

SECTION 1051. 49.45 (23) (d) of the statutes is created to read:

49.45 (23) (d) In determining income for purposes of eligibility under this subsection, the department shall apply s. 49.471 (7) (d) to the individual to the extent the federal department of health and human services approves, if approval is required.

Section 1052. 49.45 (23) (e) of the statutes is created to read:

1	49.45 (23) (e) The department shall apply the definition of family income under
2	s. 49.471 (1) (f) and the regulations defining household under 42 CFR 435.603 (f) to
3	determinations of income for purposes of eligibility under this subsection.
4	SECTION 1053. 49.45 (23) (f) of the statutes is created to read:
5	49.45 (23) (f) The department may provide services to individuals who are
6	eligible under this subsection through a medical home initiative under sub. (24j).
7	SECTION 1054. 49.45 (24j) of the statutes is created to read:
8	49.45 (24j) Medical home pilot projects. (a) The department may administer
9	the medical home initiative as a service delivery mechanism to provide and
10	coordinate care for individuals who are eligible for a Medical Assistance program
11	under this subchapter that provides services under a fee-for-service model. The
12	department may administer a medical home initiative to serve individuals who are
13	members of any of the following populations:
14	1. Children who are in out-of-home care or are receiving adoption assistance
1 5	under 42 USC 670 679c.
16	2. Pregnant women.
17	3. Individuals who are exiting mental health facilities or correctional facilities.
18	4. Individuals with a diagnosis of serious mental illness or substance abuse
19	disorder.
20	5. Adults with two or more chronic medical conditions.
21	6. Other groups of individuals with conditions that the department determines
22	would benefit from services through a medical home.
23	(b) The department shall provide to individuals through any medical home
24	initiative administered under this subsection the benefits described under s. 49.46
25	(2) (a) and (b). The department may provide to individuals though any medical home

- initiative administered under this subsection benefits in addition to the standard plan benefits that are targeted to the population receiving services through the medical home.
- (c) The department may elect to administer any medical home initiative under this subsection in a limited geographical area.
- (d) The department may make an all-inclusive payment to the provider offering services through a medical home.
- (e) If the federal department of health and human services approves the department's request to administer a medical home initiative, the department shall automatically enroll an individual who is eligible for a medical home initiative under this subsection in the medical home initiative. At any time after the first 6 months of enrollment in the medical home initiative, the individual who is enrolled in the medical home initiative may opt out of participation in the medical home initiative.

SECTION 1055. 49.45 (30e) (c) of the statutes is renumbered 49.45 (30e) (c) 1. **SECTION 1056.** 49.45 (30e) (c) 2. of the statutes is created to read:

49.45 (30e) (c) 2. Notwithstanding subd. 1., in counties that elect to deliver the services under s. 49.46 (2) (b) 6. Lm. through the Medical Assistance program on a regional basis according to criteria established by the department, the department shall reimburse a provider of the services for the amount of the allowable charges for those services under the Medical Assistance program that is provided by the federal government and for the amount of the allowable charges that is not provided by the federal government.

Section 1057. 49.45 (30g) (a) 1. of the statutes is amended to read:

49.45 (30g) (a) 1. An approved amendment to the state medical assistance plan
submitted under 42 USC 1396n (i) permits reimbursement for the services under s.
49.46 (2) (b) 6. Lo. in the manner provided under this subsection.
SECTION 1058. 49.45 (30g) (a) 3. of the statutes is amended to read:
49.45 (30g) (a) 3. The individual, the community recovery services, and the
community recovery services provider meet any condition set forth in the approved
amendment to the medical assistance plan submitted under 42 USC 1396n (i).
SECTION 1059. 49.453 (2) (a) (intro.) of the statutes is amended to read:
49.453 (2) (a) Institutionalized individuals. (intro.) Except as provided in sub.
(8), if an institutionalized individual or his or her spouse, or another person acting
on behalf of the institutionalized individual or his or her spouse, transfers assets;
regardless of whether those assets, if retained, are excluded under 42 USC 1396p;
for less than fair market value on or after the institutionalized individual's look-back
date, the institutionalized individual is ineligible for medical assistance for the
following services for the period specified under sub. (3):
SECTION 1060. 49.453 (2) (b) (intro.) of the statutes is amended to read:
49.453 (2) (b) Noninstitutionalized individuals. (intro.) Except as provided in
sub (8) if a noninstitutionalized individual or his or her spouse, or another person

49.453 (2) (b) Noninstitutionalized individuals. (intro.) Except as provided in sub. (8), if a noninstitutionalized individual or his or her spouse, or another person acting on behalf of the noninstitutionalized individual or his or her spouse, transfers assets; regardless of whether those assets, if retained, are excluded under 42 USC 1396p; for less than fair market value on or after the noninstitutionalized individual's look-back date, the noninstitutionalized individual is ineligible for medical assistance for the following services for the period specified under sub. (3):

SECTION 1061. 49.453 (3) (a) (intro.) of the statutes is amended to read:

1	49.453 (3) (a) (intro.) The period of ineligibility under this subsection begins
2	on either of the following for an applicant for Medical Assistance:
3	SECTION 1062. 49.453 (3) (ag) of the statutes is created to read:
4	49.453 (3) (ag) The period of ineligibility under this subsection for a transfer
5	of assets made at the time the individual is receiving long-term care services through
6	Medical Assistance begins on the first day of the month following the month in which
7	the individual receives advance notice of the period of ineligibility.
8	SECTION 1063. 49.453 (4c) (c) of the statutes is created to read:
9	49.453 (4c) (c) A promissory note in which the debtor is a presumptive heir of
10	the lender or in which neither the lender nor debtor has any incentive to enforce
11	repayment is considered cancelled upon the death of the lender for purposes of this
12	section.
13	Section 1064. 49.453 (8) (a) 1. of the statutes is amended to read:
14	49.453 (8) (a) 1. The assets are exempt under 42 USC 1396p (c) (2) (A), (B), or
15	(C). To make a satisfactory showing to the state under 42 USC 1396p (c) (2) (C) and
16	adjust the ineligibility period under sub. (3), the individual shall demonstrate that
17	all of the assets transferred for less than fair market value, or cash equal to the value
18	of the assets transferred for less than fair market, have been returned to him or her.
19	Section 1065. 49.455 (5) (title) of the statutes is amended to read:
20	49.455 (5) (title) Rules for treatment of resources: Ineligibility.
21	Section 1066. 49.455 (5) (d) of the statutes is amended to read:
22	49.455 (5) (d) During a continuous period of institutionalization, after an
23	institutionalized spouse is determined to be eligible for medical assistance, no
24	resources of the community spouse are considered to be available to the
25	institutionalized spouse, except that a transfer of those resources or other assets by

the community spouse within the first 5 years of eligibility of the institutionalized
spouse may result in a period of ineligibility under s. 49.453 (2) and (3) for the
institutionalized spouse.

SECTION 1067. 49.455 (5) (e) of the statutes is created to read:

49.455 (5) (e) The department may deny to the institutionalized spouse eligibility for Medical Assistance if, when requested by the department, the institutionalized spouse and the community spouse do not provide the total value of their assets and information on income and resources to the extent required under federal Medicaid law or sign the application for Medical Assistance.

SECTION 1068. 49.455 (8) (d) of the statutes is renumbered 49.455 (8) (d) 1. and amended to read:

49.455 (8) (d) 1. If either spouse establishes at a fair hearing that the community spouse resource allowance determined under sub. (6) (b) 1. to 2. or 4. without a fair hearing does not generate enough income to raise the community spouse's income to the minimum monthly maintenance needs allowance under sub. (4) (c), the department shall establish, under subd. 2., an amount to be used under sub. (6) (b) 3. that results in a community spouse resource allowance that generates enough income to raise the community spouse's income to the minimum monthly maintenance needs allowance under sub. (4) (c).

3. Except in exceptional cases which would result in financial duress for the community spouse, the department may not establish an amount to be used under sub. (6) (b) 3. unless the institutionalized spouse makes available to the community spouse the maximum monthly income allowance permitted under sub. (4) (b) or, if the institutionalized spouse does not have sufficient income to make available to the community spouse the maximum monthly income allowance permitted under sub.

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(4) (b), unless the institutionalized spouse makes all of his or her income, except for an amount equal to the sum of the personal needs allowance under sub. (4) (a) 1. and any family allowances under sub. (4) (a) 3. paid by the institutionalized spouse and the amount incurred as expenses for medical or remedial care for the institutionalized spouse under sub. (4) (a) 4., available to the community spouse as

Section 1069. 49.455 (8) (d) 2. of the statutes is created to read:

a community spouse monthly income allowance under sub. (4) (b).

49.455 (8) (d) 2. The department shall base the amount to be used under sub. (6) (b) 3. on the cost of a single premium lifetime annuity that pays monthly amounts that, combined with other available income, raises the community spouse's income to the minimum monthly maintenance needs allowance. Any resource, regardless of whether the resource generates income, may be transferred in an amount that, combined with the community spouse resource allowance calculated before the fair hearing, provides the community spouse with sufficient funds to purchase the annuity. The community spouse is not required to purchase an annuity to obtain this amount.

Section 1070. 49.46 (1) (a) 15. of the statutes is amended to read:

49.46 (1) (a) 15. Any individual who is infected with tuberculosis and meets the income and resource eligibility requirements for the federal Supplemental Security Income program under 42 USC 1381 to 1383d. For purposes of this subdivision, "income" has the meaning given for "family income" in s. 49.471 (1) (f).

SECTION 1071. 49.46 (1) (am) 1. a. of the statutes is amended to read:

49.46 (1) (am) 1. a. A pregnant woman whose family income, before any income is disregarded under this paragraph, does not exceed, in state fiscal year 1994–95, 155% of the poverty line for a family the size of the woman's family; and, in each state

fiscal year after the 1994–95 state fiscal year, 185% 133 percent of the poverty line for a family the size of the woman's family.

SECTION 1072. 49.46 (1) (c) (intro.) of the statutes is amended to read:

49.46 (1) (c) (intro.) Except as provided under par. (co) or (cr), a family that becomes ineligible for aid to families with dependent children under s. 49.19 because of increased income from employment or increased hours of employment or because of the expiration of the time during which the disregards under s. 49.19 (5) (a) 4. or 4m. or (am) apply shall receive medical assistance for:

SECTION 1073. 49.46 (1) (cg) of the statutes is amended to read:

49.46 (1) (cg) Medical Except as provided under par. (cr), medical assistance shall be provided to a dependent child, a relative with whom the child is living or the spouse of the relative, if the spouse meets the requirements of s. 49.19 (1) (c) 2. a. or b., for 4 calendar months beginning with the month in which the child, relative or spouse is ineligible for aid to families with dependent children because of the collection or increased collection of maintenance or support, if the child, relative or spouse received aid to families with dependent children in 3 or more of the 6 months immediately preceding the month in which that ineligibility begins.

SECTION 1074. 49.46 (1) (co) 1. of the statutes is amended to read:

49.46 (1) (co) 1. Except as provided under subd. 2. or par. (cr), medical assistance shall be provided to a family for 12 consecutive calendar months following the month in which the family becomes ineligible for aid to families with dependent children because of increased income from employment, because the family no longer receives the earned income disregard under s. 49.19 (5) (a) 4. or 4m. or (am) due to the expiration of the time limit during which the disregards are applied or because

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of the application of the monthly employment time eligibility limitation under 45

CFR 233.100 (a) (1) (i).

SECTION 1075. 49.46 (1) (co) 2. of the statutes is amended to read:

49.46 (1) (co) 2. If a waiver under subd. 3. is granted and except as provided in par. (cr), the department may select individuals to receive medical assistance benefits as provided under par. (c), rather than under subd. 1., as a control group for part or all of the period during which the waiver is in effect.

SECTION 1076. 49.46 (1) (cr) of the statutes is created to read:

49.46 (1) (cr) To the extent approved by the federal department of health and human services, an individual or family described in par. (c), (cg), or (co) is not eligible for Medical Assistance if the federal department of health and human services approves a request from the department to deny all or some transitional Medical Assistance benefits to that individual or family, if approval is required.

SECTION 1077. 49.46 (1) (em) of the statutes is created to read:

49.46 (1) (em) For purposes of determining the eligibility and any cost-sharing requirements of an individual under par. (a) 6m., 14., or 14m., (d) 2., or (e), to the extent approved by the federal government, the department shall exclude any assets accumulated in an independence account, as defined in s. 49.472 (1) (c), and any income or assets from retirement benefits earned or accumulated from employment income or employer contributions while the individual was employed and eligible for and receiving medical assistance under s. 49.472.

SECTION 1078. 49.46 (2) (b) 19. of the statutes is created to read:

49.46 (2) (b) 19. Subject to par. (br), services provided by early intervention teachers, home trainers, parent-to-parent mentors, and developmental specialists to children in the benchmark plan under par. (br).

SECTION	1079.	49.46	(2) (b)	20.	of the sta	atutes is	created	to read:
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49.46 (2) (b) 20. Subject to s. 49.45 (24j), any additional services, as determined by the department, that are targeted to a population enrolled in a medical home initiative under s. 49.45 (24j).

SECTION 1080. 49.46 (2) (bc) of the statutes is created to read:

49.46 (2) (bc) Subject to s. 49.45 (24j), the department may provide any of the services described in par. (a) or (b) through a medical home initiative under s. 49.45 (24j).

SECTION 1081. 49.46 (2) (br) of the statutes is created to read:

49.46 (2) (br) If the federal department of health and human services approves the department's request to offer a benchmark plan under this paragraph, the department may enroll any child who is receiving services through the early intervention program under s. 51.44 in a benchmark plan under this paragraph. The department may not require a child who is receiving services through the early intervention program under s. 51.44 to enroll in a benchmark plan offered under this paragraph. The department may not charge a copayment to a child who is enrolled in the benchmark plan under this paragraph for services described in par. (b) 19.

SECTION 1082. 49.468 (1) (d) of the statutes is amended to read:

49.468 (1) (d) Benefits under par. (b) or (c) are available for an individual who has resources that are equal to or less than 200% of the allowable resources as determined under 42 USC 1381 to 1385, excluding, to the extent approved by the federal government, any assets accumulated in an independence account, as defined in s. 49.472 (1) (c), and any income or assets from retirement benefits earned or accumulated from income or employer contributions while the individual was

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employed and eligible for and receiving medical assistance under s. 49.472, and who

has income that is equal to or less than 100% of the poverty line.

Section 1083. 49.468 (1m) (b) of the statutes is amended to read:

49.468 (1m) (b) Benefits under par. (a) are available for an individual who has resources that are equal to or less than 200% of the allowable resources determined under 42 USC 1381 to 1385, excluding, to the extent approved by the federal government, any assets accumulated in an independence account, as defined in s. 49.472 (1) (c), and any income or assets from retirement benefits earned or accumulated from income or employer contributions while the individual was employed and eligible for and receiving medical assistance under s. 49.472, and who has income that is greater than 100% of the poverty line but less than 120% of the poverty line.

SECTION 1084. 49.468 (2) (b) of the statutes is amended to read:

49.468 (2) (b) Benefits under par. (a) are available for an individual who has resources that are equal to or less than 200% of the allowable resources under 42 USC 1381 to 1385, excluding, to the extent approved by the federal government, any assets accumulated in an independence account, as defined in s. 49.472 (1) (c), and any income or assets from retirement benefits earned or accumulated from income or employer contributions while the individual was employed and eligible for and receiving medical assistance under s. 49.472, and who has income that is equal to or less than 200% of the poverty line.

SECTION 1085. 49.47 (4) (a) 1. of the statutes is amended to read:

49.47 (4) (a) 1. Under 21 years of age and resides in an intermediate care facility, skilled nursing facility, or inpatient psychiatric hospital. The department

shall apply the definition of family income in s. 49.471 (1) (f) to make determinations of income under this subdivision.

SECTION 1086. 49.47 (4) (am) 1. of the statutes is amended to read:

49.47 (4) (am) 1. A pregnant woman whose family income does not exceed 155% of the poverty line for a family the size of the woman's family, except that if a waiver under par. (j) or a change in the approved state plan under s. 49.46 (1) (am) 2. is in effect, the income limit is 185% 133 percent of the poverty line for a family the size of the woman's family in each state fiscal year after the 1994–95 state fiscal year.

SECTION 1087. 49.47 (4) (b) (intro.) of the statutes is amended to read:

49.47 (4) (b) (intro.) Eligibility exists if the applicant's property, subject to the exclusion—of excluding any amounts under the Long-Term Care Partnership Program established under s. 49.45 (31), and, to the extent approved by the federal government, any amounts assets accumulated in an independence account, as defined in s. 49.472 (1) (c), or and any income or assets from retirement assets that accrued benefits earned or accumulated from employment income or employer contributions while the applicant was employed and eligible for the community options program under s. 46.27 (11), or any other Medical Assistance program, including—deferred compensation or the value of retirement accounts in the Wisconsin Retirement System or under the federal Social Security Act and receiving medical assistance under s. 49.472, does not exceed the following:

SECTION 1088. 49.47 (4) (b) 2w. of the statutes is amended to read:

49.47 (4) (b) 2w. For a person who is eligible under par. (a) 3. or 4., life insurance with cash surrender values if the total face combined cash surrender value of all life insurance policies, including riders and other attachments, is not more than \$1,500.

SECTION 1089. 49.47 (4) (c) 1. of the statutes is amended to read:

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49.47 (4) (c) 1. Except as provided in par. (am) and as limited by subd. 3.,
eligibility exists if income does not exceed 133 1/3% of the maximum aid to families
with dependent children payment under s. $49.19(11)$ for the applicant's family size
or the combined benefit amount available under supplemental security income
under 42 USC 1381 to 1383c and state supplemental aid under s. 49.77 whichever
is <u>higher lower</u> . In this subdivision "income" includes earned or unearned income
that would be included in determining eligibility for the individual or family under
s. 49.19 or 49.77, or for the aged, blind or disabled under 42 USC 1381 to 1385.
"Income" does not include earned or unearned income which would be excluded in
determining eligibility for the individual or family under s. 49.19 or 49.77, or for the
aged, blind or disabled individual under 42 USC 1381 to 1385.

SECTION 1090. 49.47 (4) (c) 3. of the statutes is repealed.

SECTION 1091. 49.471 (1) (cm) of the statutes is created to read:

49.471 (1) (cm) "Disabled" means, when referring to an adult, meeting the disability standard for eligibility for federal supplemental security income under 42 USC 1382c (a) (3).

SECTION 1092. 49.471 (1) (f) of the statutes is amended to read:

49.471 (1) (f) "Family income" means the total gross earned and unearned income received by all members of a family has the meaning given for "household income" under 42 CFR 435.603 (d).

SECTION 1093. 49.471 (1) (k) 5. d. of the statutes is created to read:

49.471 (1) (k) 5. d. The mother's family income exceeds 133 percent of the poverty line.

SECTION 1094. 49.471 (4) (a) (intro.) of the statutes is amended to read:

1	49.471 (4) (a) (intro.) Except as otherwise provided in this section, all of the
2	following individuals are eligible for the benefits described in s. 49.46 (2) (a) and (b),
3	subject to sub. (6) (k) and s. 49.45 (24j):
4	SECTION 1095. 49.471 (4) (a) 1. of the statutes is amended to read:
5	49.471 (4) (a) 1. A pregnant woman whose family income does not exceed 200
6	133 percent of the poverty line.
7	SECTION 1096. 49.471 (4) (a) 4. a. of the statutes is amended to read:
8	49.471 (4) (a) 4. a. The individual is a parent or caretaker relative of a
9	dependent child who is living in the home with the parent or caretaker relative or
10	who is temporarily absent from the home for not more than 6 months or, if the
11	dependent child has been removed from the home for more than 6 months, the parent
12	or caretaker relative is working toward unifying the family by complying with a
13	permanency plan under s. 48.38 or 938.38. For purposes of this subdivision, a
14	"dependent child" means an individual who is under the age of 18 or an individual
15	who is age 18 and a full-time student in secondary school or equivalent vocational
16	or technical training if before attaining the age of 19 the individual is reasonably
17	expected to complete the school or training.
18	SECTION 1097. 49.471 (4) (a) 4. b. of the statutes is amended to read:
19	49.471 (4) (a) 4. b. Except as provided in subd. 4. c., the The individual's family
20	income does not exceed 200 100 percent of the poverty line and does not include
21	self-employment income before application of the 5 percent income disregard under
22	42 CFR 435.603 (d).
23	SECTION 1098. 49.471 (4) (a) 4. c. of the statutes is repealed.

SECTION 1099. 49.471 (4) (a) 5. of the statutes is amended to read:

49.471 (4) (a) 5. An individual who, regardless of family income, was born on
or after January 1, $1990 \ \underline{1988}$, and who, on his or her 18th birthday, was in a foster
care placement under the responsibility of -a- this state, or at the option of the
department, under the responsibility of another state, and enrolled in Medical
Assistance under this subchapter or a Medicaid program, as determined by the
department. The coverage for an individual under this subdivision ends on the last
day of the month in which the individual becomes $21 \underline{26}$ years of age, unless he or she
otherwise loses eligibility sooner.
SECTION 1100. 49.471 (4) (a) 7. of the statutes is amended to read:
49.471 (4) (a) 7. Individuals who qualify for a medical assistance eligibility
extension under s. $49.46(1)(c)$, (cg) , or (co) when their income increases above the
poverty line, except as provided in s. 49.46 (1) (cr).
SECTION 1101. 49.471 (4) (b) 1. of the statutes is repealed.
SECTION 1102. 49.471 (4) (b) 1m. of the statutes is repealed.
SECTION 1103. 49.471 (4) (b) 2. of the statutes is repealed.
SECTION 1104. 49.471 (4) (b) 3. of the statutes is amended to read:
49.471 (4) (b) 3. A child whose family income exceeds 200 percent but does not
exceed 300 percent of the poverty line. For a child-under this subdivision who is an
3m. An unborn child, whose family income exceeds 200 percent but does not
exceed 300 percent of the poverty line, except benefits are limited to prenatal care.
SECTION 1105. 49.471 (4) (b) 4. of the statutes is repealed.
SECTION 1106. 49.471 (4) (c) of the statutes is repealed.
SECTION 1107. 49.471 (4) (e) of the statutes is created to read:
49.471 (4) (e) If the department obtains approval from the federal department

of health and human services to provide an alternate benchmark plan under sub.

(11r), to the extent the federal department of health and human services approves, the department may enroll in the alternate benchmark plan under sub. (11r) any individual whose family income exceeds 100 percent of the poverty line, who is either an adult who is not pregnant or a child, and who applies and is otherwise eligible to receive benefits under this section, except that the department shall enroll a child who has a parent who is enrolled in a plan under this section in the same plan as his or her parent.

SECTION 1108. 49.471 (5) (b) 1. of the statutes is amended to read:

49.471 (5) (b) 1. Except as provided in sub. (6) (a) 1., a pregnant woman is eligible for the benefits specified in par. (c) during the period beginning on the day on which a qualified provider determines, on the basis of preliminary information, that the woman's family income does not exceed 300 133 percent of the poverty line and ending on the applicable day specified in subd. 3.

SECTION 1109. 49.471 (5) (b) 2. of the statutes is renumbered 49.471 (5) (b) 2. (intro.) and amended to read:

49.471 (5) (b) 2. (intro.) Except as provided in sub. (6) (a) 2., a child who is not an unborn child is eligible for the benefits described in s. 49.46 (2) (a) and (b) during the period beginning on the day on which a qualified entity determines, on the basis of preliminary information, that the child's family income does not exceed 150 percent of the poverty line any of the following and ending on the applicable day specified in subd. 3., unless the federal department of health and human services approves the department's request to not extend eligibility to children during this period:

SECTION 1110. 49.471 (5) (b) 2. a. to c. of the statutes are created to read:

1	49.471 (5) (b) 2. a. 150 percent of the poverty line for a child who is 6 years of
2	age or older but has not yet attained the age of 19.
3	b. 185 percent of the poverty line for a child who is one year of age or older but
4	has not yet attained the age of 6.
5	c. 300 percent of the poverty line for a child who is under one year of age.
6	SECTION 1111. 49.471 (5) (b) 3. a. of the statutes is amended to read:
7	49.471 (5) (b) 3. a. If the woman or child applies for benefits under sub. (4)
8	within the time required under par. (d), the benefits specified in subd. 1. or 2.,
9	whichever is applicable, end on the day on which the department or the county
10	department under s. 46.215, 46.22, or 46.23 determines whether the woman or child
11	is eligible for benefits under sub. (4), except that a child who is not an unborn child
12	is not eligible for benefits described in s. 49.46 (2) (a) and (b) during that time if the
13	federal department of health and human services approves the department's request
14	not to provide those benefits during that time.
15	Section 1112. $49.471(5)(c)1.$ of the statutes is renumbered $49.471(5)(c)$ and
16	amended to read:
17	49.471 (5) (c) On behalf of a woman under par. (b) 1. whose family income does
18	not exceed 200 percent of the poverty line, the department shall audit and pay
19	allowable charges to a provider certified under s. $49.45(2)(a)11$. only for ambulatory
20	prenatal care services under the benefits described in s. 49.46 (2) (a) and (b).
21	SECTION 1113. 49.471 (5) (c) 2. of the statutes is repealed.
22	SECTION 1114. 49.471 (6) (a) 1. of the statutes is amended to read:
23	49.471 (6) (a) 1. Any Except as provided in subd. 4., any pregnant woman,
24	including a pregnant woman under sub. (5) (b) 1., is eligible for medical assistance

under this section for any of the 3 months prior to the month of application if she met the eligibility criteria under this section in that month.

SECTION 1115. 49.471 (6) (a) 2. of the statutes is amended to read:

49.471 (6) (a) 2. Any Except as provided in subd. 3. or 4., any child who is not an unborn child, including a child under sub. (5) (b) 2., parent, or caretaker relative whose family income is less than 150 percent of the poverty line is eligible for medical assistance under this section for any of the 3 months prior to the month of application if the individual met the eligibility criteria under this section and had a family income of less than 150 percent of the poverty line in that month.

SECTION 1116. 49.471 (6) (a) 3. of the statutes is created to read:

49.471 (6) (a) 3. Any individual described in subd. 2. who is not disabled, not elderly, and not pregnant, who is an adult, and whose family income exceeds 133 percent of the federal poverty level is not eligible for medical assistance under this section for any of the 3 months before the month of application for medical assistance benefits.

SECTION 1117. 49.471 (6) (a) 4. of the statutes is created to read:

49.471 (6) (a) 4. To the extent allowed by the federal department of health and human services, any individual described in subd. 1. or 2. who is not disabled is not eligible for medical assistance under this section for any of the 3 months before the month of application for medical assistance benefits.

SECTION 1118. 49.471 (7) (a) of the statutes is repealed.

SECTION 1119. 49.471 (7) (b) 1. of the statutes is amended to read:

49.471 (7) (b) 1. —A—<u>Eligibility for a pregnant woman whose family income</u> exceeds 300 133 percent of the poverty line may become eligible for coverage under this section if the difference between the pregnant woman's family income and the

applicable income limit under sub. (4) (b) is obligated or expended for any member of the pregnant woman's family for medical care or any other type of remedial care recognized under state law or for personal health insurance premiums or for both. Eligibility obtained under this subdivision continues without regard to any change in family income for the balance of the pregnancy and to the last day of the month in which the 60th day after the last day of the woman's pregnancy falls. Eligibility obtained by a pregnant woman under this subdivision extends to all pregnant women in the pregnant woman's family is determined under the method described in s. 49.47 (4) (c).

Section 1120. 49.471 (7) (b) 2. of the statutes is amended to read:

49.471 (7) (b) 2. A child who is not an unborn child, whose family income exceeds 150 percent of the poverty line, and who is ineligible under this section solely because of sub. (8) (b), or whose family income exceeds 300 percent of the poverty line, may obtain eligibility under this section if the difference between the child's family income and 150 percent of the poverty line is obligated or expended on behalf of the child or any member of the child's family for medical care or any other type of remedial care recognized under state law or for personal health insurance premiums or for both. Eligibility obtained under this subdivision during any 6-month period, as determined by the department, continues for the remainder of the 6-month period and extends to all children in the family.

Section 1121. 49.471 (7) (b) 3. of the statutes is amended to read:

49.471 (7) (b) 3. For a pregnant woman to obtain eligibility under subd. 1., the amount that must be obligated or expended in any 6-month period is equal to the sum of the differences in each of those 6 months between the pregnant woman's monthly family income and the monthly family income that is 300 percent of the

1	poverty line. For a child to obtain eligibility under subd. 2., the amount that must						
2	be obligated or expended in any 6-month period is equal to the sum of the differences						
3	in each of those 6 months between the child's monthly family income and the monthly						
4	family income that is 150 percent of the poverty line.						
5	SECTION 1122. 49.471 (7) (c) (intro.) of the statutes is amended to read:						
6	49.471 (7) (c) (intro.) When calculating an individual's family income, the						
7	department shall do all of the following, subject to par. (d):						
8	SECTION 1123. 49.471 (7) (c) of the statutes, as affected by 2013 Wisconsin Act						
9	(this act), is repealed.						
10	SECTION 1124. 49.471 (7) (d) of the statutes is created to read:						
11 -	49.471 (7) (d) In addition to applying other income counting requirements the						
12	department shall do all of the following:						
13	1. When calculating the family income of a member of a household who is not						
14	disabled, include the income of all adults residing in the home for at least 60						
15	consecutive days but exclude the income of a grandparent in a household containing						
16	3 generations, unless the grandparent applies for or receives benefits as a parent or						
17	caretaker relative under this section.						
18	2. When determining the size of a family for purposes of determining income						
19	eligibility, exclude from family size an adult whose income is included in a calculation						
20	of family income solely under subd. 1.						
21	3. Apply this paragraph only to the extent the federal department of health and						
22	human services approves the income eligibility calculation methods, if approval is						
23	required.						

SECTION 1125. 49.471 (7) (e) of the statutes is created to read:

1	49.471 (7) (e) For the purpose of determining family income, the department
2	shall apply the regulations defining a household under 42 CFR 435.603 (f). To
3	determine the family size for a pregnant woman, the department shall include the
4	pregnant woman and the number of babies she is expecting.
5	SECTION 1126. 49.471 (8) (b) (intro.) of the statutes is amended to read:
6	49.471 (8) (b) (intro.) Except as provided in pars. (c), (cg), (cr), (ct), and (d), an
7	individual whose family income exceeds 150 percent of the poverty line is not eligible
8	for BadgerCare Plus if any of the following applies:
9	SECTION 1127. 49.471 (8) (cg) of the statutes is created to read:
10	49.471 (8) (cg) An individual who is not disabled and not pregnant, who is over
11	18 years of age, and whose family income exceeds 133 percent of the poverty line is
12	not eligible for BadgerCare Plus if all of the following apply:
13	1. The individual has any of the following:
14	a. Access to individual or family health coverage provided by an employer in
15	which the monthly premium that an employee would pay for an employee-only
16	policy does not exceed 9.5 percent of the family's monthly income.
17	b. Access to individual or family health coverage under the state employee
18	health plan.
19	2. The individual has access to any coverage described in subd. 1. during any
20	of the following times:
21	a. The 12 months before the first day of the month in which an individual
22	applies for and the month in which an individual applies for BadgerCare Plus.
23	b. The 3 months after the last day of the month in which the individual applies
24	for BadgerCare Plus.

1	c. The month including the date of the annual determination of the individual's
2	eligibility for Medical Assistance.
3	3. The individual does not have as a reason for not obtaining health insurance
4	any of the good cause reasons under par. (d) 2. a. to e.
5	SECTION 1128. 49.471 (8) (cr) of the statutes is created to read:
6	49.471 (8) (cr) 1. Subject to subd. 4., an individual who is any of the following
7	is not eligible for BadgerCare Plus if the criteria under par. (cg) 1. and 2. apply to that
8	individual:
9	a. An individual who is not disabled and who is a child, or unborn child, of an
10	individual whose family income is at a level determined by the department but no
11	lower than 133 percent of the poverty line.
12	b. A parent or caretaker relative who is not disabled, not pregnant, and an adult
13	and whose family income is at a level determined by the department but no lower
14	than 100 percent of the poverty line.
15	c. An adult, including a pregnant individual, who is not disabled, who is under
16	26 years of age; who is eligible to be covered under coverage a parent receives from
17	an employer; and whose family income is at a level determined by the department
18	but no lower than 100 percent of the poverty line.
19	2. An individual under subd. 1. is not ineligible if any of the good cause reasons
20	described in par. (d) 2. a. to e. is the reason that the individual did not obtain health
21	insurance coverage.
22	3. An individual under subd. 1. c. is not ineligible if any of the following good

cause reasons is the reason the individual did not obtain health insurance coverage:

benefits to all employees.

a. The parent of the individual is no longer employed by the employer through
which the parent was eligible for coverage, and the parent does not have current
coverage.
b. The employer of the parent of the individual discontinued providing health

4. The department may apply this paragraph to eligibility determinations for BadgerCare Plus only if the federal department of health and human services

approves of the conditions to make that individual ineligible, if approval is required.

- **Section 1129.** 49.471 (8) (ct) of the statutes is created to read:
- 49.471 (8) (ct) 1. If the federal department of health and human services approves the department's request to add private major medical insurance as a type of coverage which causes ineligibility, an individual who is not disabled and not pregnant, who is over 18 years of age, whose family income exceeds 133 percent of the poverty line, and who has coverage provided by private major medical insurance in which the monthly premium does not exceed 9.5 percent of the family's monthly income is not eligible for BadgerCare Plus.
- 2. If the federal department of health and human services approves of the conditions to make that individual ineligible for BadgerCare Plus, an individual who is any of the following is not eligible for BadgerCare Plus if he or she has the major medical insurance coverage described under subd. 1.:
- a. An individual who is not disabled and who is a child, or unborn child, of an individual whose family income is at a level determined by the department but no lower than 133 percent of the poverty line.

1	b. A parent or caretaker relative who is not disabled, not pregnant, and an adult
2	and whose family income is at a level determined by the department but no lower
3	than 100 percent of the poverty line.
4	SECTION 1130. 49.471 (8) (d) 1. a. of the statutes is amended to read:
5	49.471 (8) (d) 1. a. A pregnant woman, except as provided in pars. (cr) 1. c. and
6	<u>(fm) 4</u> .
7	SECTION 1131. 49.471 (8) (d) 1. b. of the statutes is amended to read:
8	49.471 (8) (d) 1. b. A child described in sub. (4) (a) 2. or (b) 2.
9	SECTION 1132. 49.471 (8) (d) 1. g. of the statutes is created to read:
10	49.471 (8) (d) 1. g. An adult who is disabled.
11	Section 1133. 49.471 (8) (d) 2. dg. of the statutes is created to read:
12	49.471 (8) (d) 2. dg. The insurance is owned by someone not residing with the
13	family and continuation of the coverage is beyond the family's control.
14	Section 1134. 49.471 (8) (d) 2. dr. of the statutes is created to read:
15	49.471 (8) (d) 2. dr. The insurance only covers services provided in a service
16	area that is beyond a reasonable driving distance.
17	Section 1135. 49.471 (8) (e) of the statutes is repealed.
18	SECTION 1136. 49.471 (8) (f) of the statutes is amended to read:
19	49.471 (8) (f) If an individual with a family income that exceeds 150 percent
20	of the poverty line had the health insurance coverage specified in par. (b) 1. but no
21	longer has the coverage, or if an individual who is an unborn child or an unborn
22	child's mother, regardless of family income, had health insurance coverage but no
23	longer has the coverage, or if a pregnant woman specified in par. (e) has health
24	insurance coverage and does not maintain the coverage, the individual or pregnant
25	woman is not eligible for BadgerCare Plus for the 3 calendar months following the

month in which the insurance coverage ended without a good cause reason specified in par. (g).

SECTION 1137. 49.471 (8) (fm) of the statutes is created to read:

- 49.471 (8) (fm) If an individual who is one of the following individuals had the health insurance coverage specified in par. (cg) 1. or (ct) but no longer has the coverage, the individual is not eligible for BadgerCare Plus for the 3 calendar months following the month in which the insurance coverage ended without a good cause reason specified in par. (g):
- 1. An individual who is not disabled and not pregnant, who is over 18 years of age, and whose family income exceeds 133 percent of the poverty line.
- 2. If the federal department of health and human services approves of the department's request to make such an individual ineligible, an individual who is not disabled and who is a child of an individual whose family income is at a level determined by the department but no lower than 133 percent of the poverty line.
- 3. If the federal department of health and human services approves of the department's request to make such an individual ineligible, a parent or caretaker relative who is not disabled, not pregnant, and an adult and whose family income is at a level determined by the department but no lower than 100 percent of the poverty line.
- 4. If the federal department of health and human services approves of the department's request to make such an individual ineligible, an adult, including a pregnant individual, who is not disabled, who is under 26 years of age; who is eligible to be covered under coverage a parent receives from an employer; and whose family income is at a level determined by the department but no lower than 100 percent of the poverty line.

1	SECTION 1138. 49.471 (8) (g) (intro.), 1., 2., 3., 4. and 5. of the statutes are
2	amended to read:
3	49.471 (8) (g) (intro.) Any of the following is a good cause reason for purposes
4	of par. <u>pars.</u> (f) <u>and (fm)</u> :
5	1. The individual or pregnant woman was covered by a group health plan that
6	was provided by a subscriber through his or her employer, and the subscriber's
7	employment ended for a reason other than voluntary termination, unless the
8	voluntary termination was a result of the incapacitation of the subscriber or because
9	of an immediate family member's health condition.
10	2. The individual or pregnant woman was covered by a group health plan that
11	was provided by a subscriber through his or her employer, the subscriber changed
12	employers, and the new employer does not offer health insurance coverage.
13	3. The individual or pregnant woman was covered by a group health plan that
14	was provided by a subscriber through his or her employer, and the subscriber's
15	employer discontinued health plan coverage for all employees.
16	4. The pregnant woman's individual's coverage was continuation coverage and
17	the continuation coverage was exhausted in accordance with 29 CFR 2590.701-2 (4).
18	5. The individual's or pregnant woman's coverage terminated due to the death
19	or change in marital status of the subscriber.
20	SECTION 1139. 49.471 (8) (g) 5g. of the statutes is created to read:
21	49.471 (8) (g) 5g. The insurance coverage is owned by someone not residing
22	with the family and continuation of the coverage is beyond the family's control.
23	SECTION 1140. 49.471 (8) (g) 5r. of the statutes is created to read:
24	49.471 (8) (g) 5r. The insurance coverage only covers services provided in a
25	service area that is beyond a reasonable driving distance.

25

1	SECTION 1141. 49.471 (9) (a) 2. b. of the statutes is amended to read:
2	49.471 (9) (a) 2. b. A child described in sub. (4) (a) 2. or (b) 2.
3	SECTION 1142. 49.471 (10) (b) 1. of the statutes is amended to read:
4	49.471 (10) (b) 1. Except as provided in subd. subds. 1m. and 4., a recipient who
5	is an adult, who is not a pregnant woman, and whose family income is greater than
6	150 percent but not greater than 200 percent of the poverty line shall pay a premium
7	for coverage under BadgerCare Plus that does not exceed 5 percent of his or her
8	family income. If the recipient has self-employment income and is eligible under
9	sub. (4) (b) 4., the premium may not exceed 5 percent of family income calculated
10	before depreciation was deducted.
11	SECTION 1143. 49.471 (10) (b) 1. of the statutes, as affected by 2013 Wisconsin
12	Act (this act), is amended to read:
13	49.471 (10) (b) 1. Except as provided in subds. 1m. and 4., a recipient who is
14	an adult, who is not a pregnant woman, and whose family income is greater than 150
15	percent but not greater than 200 percent of the poverty line shall pay a premium for
16	coverage under BadgerCare Plus that does not exceed 5 percent of his or her family
17	income. If the recipient has self-employment income and is eligible under sub. (4
18	(b) 4., the premium may not exceed 5 percent of family income calculated before
19	depreciation was deducted.
20	SECTION 1144. 49.471 (10) (b) 1m. of the statutes is created to read:
21	49.471 (10) (b) 1m. Except as provided in subd. 4., a recipient who is an adul-
22	parent or adult caretaker relative; who is not disabled, pregnant, or American
23	Indian; and whose family income exceeds 133 percent of the federal poverty line shal

pay a premium for coverage under BadgerCare Plus in an amount determined by the

department that is based on a formula in which costs decrease for those with lower

	family incomes and that is no less than 3 percent of family income but no greater than
	9.5 percent of family income. If the recipient has self-employment income and is
	eligible under sub. (4) (b) 4., the premium may not exceed 5 percent of family income
i	calculated before depreciation was deducted.
	SECTION 1145. 49.471 (10) (b) 1m. of the statutes, as affected by 2013 Wisconsin
	Act (this act), is repealed.
	SECTION 1146. 49.471 (10) (b) 2. of the statutes is amended to read:
	49.471 (10) (b) 2. Except as provided in subds. 3. 3m. and 4., a recipient who
	is a child whose family income is greater than 200 percent of the poverty line shall
	pay a premium for coverage of the benefits described in sub. (11) that does not exceed
	the full per member per month cost of coverage for a child with a family income of
	300 percent of the poverty line.
	SECTION 1147. 49.471 (10) (b) 3. of the statutes is repealed.
	Section 1148. 49.471 (10) (b) 3m. of the statutes is created to read:
	49.471 (10) (b) 3m. A recipient who is a child, who is not disabled, and whose
	family income is at a level determined by the department that is at least 150 percent
	of the poverty line shall pay a premium in an amount determined by the department.
	The department may apply this subdivision only to the extent the federal
	department of health and human services approves applying a premium to those
	individuals, if approval is required.
	SECTION 1149. 49.471 (10) (b) 4. (intro.) of the statutes is amended to read:
	49.471 (10) (b) 4. (intro.) None of the following shall pay a premium, except as
	provided in subd. 3m.:
	SECTION 1150. 49.471 (10) (b) 4. b. of the statutes is amended to read:

49.471 (10) (b) 4. b. A child who is eligible under sub. (4) (a) 2. or (b) 2.

Section 1151. 49.471 (10) (b) 5. of the statutes is amended to read:

49.471 (10) (b) 5. If a recipient who is required to pay a premium under this paragraph or under sub. (2m) or (4) (c) either does not pay a premium when due or requests that his or her coverage under this section be terminated, the recipient's coverage terminates and. If the recipient is an adult, the recipient is not eligible for BadgerCare Plus for 6 12 consecutive calendar months following the date on which the recipient's coverage terminated, except for any month during that 6-month 12-month period when the recipient's family income does not exceed 150 133 percent of the poverty line. If the recipient is a child, the recipient is not eligible for BadgerCare Plus for 6 consecutive calendar months, or 12 consecutive calendar months if the federal department of health and human services approves, following the date on which the recipient's coverage terminated, except for any month during that period when the recipient's family income does not exceed 150 percent of the poverty line.

SECTION 1152. 49.471 (10) (b) 5. of the statutes, as affected by 2013 Wisconsin Act (this act), is amended to read:

49.471 (10) (b) 5. If a recipient who is required to pay a premium under this paragraph or under sub. (2m) or (4) (e) either does not pay a premium when due or requests that his or her coverage under this section be terminated, the recipient's coverage terminates. If the recipient is an adult, the recipient is not eligible for BadgerCare Plus for 12 consecutive calendar months following the date on which the recipient's coverage terminated, except for any month during that 12-month period when the recipient's family income does not exceed 133 percent of the poverty line. If the recipient is a child, the recipient is not eligible for BadgerCare Plus for 6 consecutive calendar months, or 12 consecutive calendar months if the federal

1	department of health and human services approves, following the date on which the
2	recipient's coverage terminated, except for any month during that period when the
3	recipient's family income does not exceed 150 percent of the poverty line.
4	SECTION 1153. 49.471 (11) (intro.) of the statutes is amended to read:
5	49.471 (11) BENCHMARK PLAN BENEFITS AND COPAYMENTS. (intro.) Recipients
6	Except as provided in sub. (11r) and s. 49.45 (24j), recipients who are not eligible for
7	the benefits described in s. 49.46 (2) (a) and (b) shall have coverage of the following
8	benefits and pay the following copayments:
9	SECTION 1154. 49.471 (11) (a) of the statutes is amended to read:
10	49.471 (11) (a) Subject to sub. (6) (k), prescription drugs bearing only a generic
11	name, as defined in s. 450.12 (1) (b), with a copayment of no more than \$5 per
12	prescription, and subject to the Badger Rx Gold program discounts.
13	Section 1155. 49.471 (11r) of the statutes is created to read:
14	49.471 (11r) Alternate Benchmark plan benefits and copayments. (a) If the
15	department chooses to provide the alternate benchmark plan under this subsection,
16	the department shall provide to the recipients described under sub. (4) (e) coverage
17	for benefits similar to those in a commercial, major medical insurance policy.
18	(b) The department may charge copayments to recipients receiving coverage
19	under the alternate benchmark plan under this subsection that are higher than
20	copayments charged to recipients receiving coverage under the standard plan under
21	s. 49.46 (2). The department may not charge to a recipient of coverage under the
22	alternate benchmark plan under this subsection whose family income is at or below
23	150 percent of the poverty line a copayment that exceeds 5 percent of the individual's

family income for all members of the family.

(c)	1. The	department	may	only	provide	coverage	under	the	alternate
benchma	rk plan u	ınder this sul	bsecti	on to	the exten	it the alter	nate be	enchi	mark plan
is approv	ed by the	e federal depa	artme	nt of l	nealth an	d human	services	3 .	

- 2. If the department is providing coverage under the alternate benchmark plan under this subsection the department may discontinue coverage under the benchmark plan under sub. (11) for those individuals eligible for the alternate benchmark plan under this subsection.
- 3. The department may provide services to individuals enrolled in the alternate benchmark plan under this subsection through a medical home initiative similar to an initiative described under s. 49.45 (24j).

SECTION 1156. 49.472 (1) (c) of the statutes is amended to read:

49.472 (1) (c) "Independence account" means an account approved by the department that consists solely of savings, and dividends or other gains derived from those savings, from income earned from paid employment after the initial date on which while an individual began is receiving medical assistance under this section.

SECTION 1157. 49.472 (3) (a) of the statutes is amended to read:

49.472 (3) (a) The individual's family's and his or her spouse's total net income is less than 250% of the poverty line for a family the size of the individual's family. In For purposes of calculating the net income under this paragraph, the department shall apply all of the exclusions specified under 42 USC 1382a (b), except that exclusions applied under 42 USC 1382a (b) (4) to earned income shall be applied to earned and unearned income combined, and shall exclude up to \$500 per month of the individual's out-of-pocket medical and remedial expenses and long-term care costs, if any.

SECTION 1158. 49.472 (3) (b) of the statutes is amended to read:

49.472 (3) (b) The individual's assets do not exceed \$15,000. In determining
assets, the department may not include assets that are excluded from the resource
calculation under 42 USC 1382b (a) or; assets accumulated in an independence
account; or, to the extent approved by the federal government, income or assets from
retirement benefits earned or accumulated from income or employer contributions
while the individual was employed and eligible for and receiving medical assistance
under this section. The department may exclude, in whole or in part, the value of a
vehicle used by the individual for transportation to paid employment.

SECTION 1159. 49.472 (3) (f) of the statutes is amended to read:

49.472 (3) (f) The individual, if required to pay a premium under sub. (4) (a)

1., maintains premium payments calculated by the department in accordance with sub. (4), unless the individual is exempted from premium payments under sub. (4) (b) or (5).

SECTION 1160. 49.472 (3m) of the statutes is created to read:

49.472 (3m) Verifying income. The department shall verify income from work activity under sub. (3) (a) and (g) through documentation provided by the individual. The department shall require that, for an individual to be engaged in gainful employment under sub. (3) (g), the individual must be working and paying, or having withheld, federal social security and Medicare taxes and other applicable state or federal income taxes. The department shall require that the individual provide documentation of the taxes paid or withheld.

Section 1161. 49.472 (4) (a) (intro.) of the statutes is repealed.

SECTION 1162. 49.472 (4) (a) 1. of the statutes is repealed and recreated to read: 49.472 (4) (a) 1. An individual who is eligible for medical assistance under sub.

(3) and receives medical assistance shall pay a monthly premium to the department

1	if the individual's total earned and unearned income is equal to at least 150 percent
2	of the poverty line for an individual.
3	SECTION 1163. 49.472 (4) (a) 1m. of the statutes is created to read:
4	49.472 (4) (a) 1m. Except as provided in par. (b), the premium required under
5	subd. 1. shall be equal to 3 percent of the individual's total earned and unearned
6	income, after the deductions specified in subd. 2., rounded down to the nearest \$25.
7	SECTION 1164. 49.472 (4) (a) 2. (intro.) of the statutes is amended to read:
8	49.472 (4) (a) 2. (intro.) In determining an individual's total earned and
9	unearned income under subd. 1. 1m., the department shall disregard all of the
10	following:
11	SECTION 1165. 49.472 (4) (a) 2m. of the statutes is repealed.
12	SECTION 1166. 49.472 (4) (a) 3. of the statutes is amended to read:
13	49.472 (4) (a) 3. The Subject to par. (b), the department may reduce the
14	premium by 25% for an individual who is covered by private health insurance.
15	SECTION 1167. 49.472 (4) (b) of the statutes is amended to read:
16	49.472 (4) (b) The department may waive monthly premiums that are
17	calculated to be below \$10 minimum premium payable by an individual specified in
18	par. (a) 1. is \$50 per month. Unless otherwise provided by the department by a policy
19	created under s. 49.45 (2m) (c), the department may not assess a monthly premium
20	for any individual whose income level, after adding the individual's total earned
21	income and unearned income, is below 150% of the poverty line for an individual.
22	SECTION 1168. 49.472 (4) (b) of the statutes, as affected by 2011 Wisconsin Act
23	32 and 2013 Wisconsin Act (this act), is repealed and recreated to read:
24	49.472 (4) (b) The minimum premium payable by an individual specified in par.
25	(a) 1. is \$50 per month. The department may not assess a monthly premium for any